Eloxatin (oxaliplatin)

Prior Authorization Request

Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form to Priority Partners, toll-free at 1-866-212-4756** to initiate the review process. If you have questions regarding the prior authorization please contact Priority Partners at 888-819-1043 Option 4**.**

Patient's Name: _____ **Date**: _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: ❑ Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: ❑ Same as Referring Provider ❑ Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____*kg*

Patient Height: _____*cm*

Please indicate the place of service for the requested drug:

❑ *Ambulatory Surgical (POS Code 24)*
❑ *Home (POS Code 12)*
❑ *Off Campus Outpatient Hospital (POS Code 19)*
❑ *On Campus Outpatient Hospital (POS Code 22)*
❑ *Office (POS Code 11)*

Drug Information:

Strength/Measure _____*Units* ❑ ml ❑ Gm ❑ mg ❑ ea ❑ Un

Directions(sig) _____*Route of administration* _____

Dosing frequency _____

What is the ICD-10 code? _____

Criteria Questions:

What is the prescribed medication? ❑ Eloxatin ❑ oxaliplatin (generic)

1. What is the diagnosis?

❒ Ampullary adenocarcinoma, *Continue to 2*

❒ Anal carcinoma, *Continue to 2*

Send completed form to: Priority Partners Fax: 1-866-212-4756

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❒ B-cell lymphomas (including follicular lymphoma [grade 1-2], histologic transformation of indolent lymphomas to diffuse large B-Cell lymphoma, mantle cell lymphoma, diffuse large B-Cell lymphoma, high-grade B-Cell lymphomas, HIV-Related B-Cell lymphomas, and post-transplant lymphoproliferative disorders), *Continue to 2*
❒ Biliary tract cancer (including intrahepatic and extrahepatic cholangiocarcinoma and gallbladder cancer), *Continue to 2*

❒ Bladder cancer (including non-urothelial and urothelial cancer with variant histology), *Continue to 2*

❒ Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), *Continue to 2*

❒ Classic Hodgkin lymphoma, *Continue to 2*
❒ Colorectal cancer (including appendiceal adenocarcinoma, anal adenocarcinoma, and colon and rectal cancers), *Continue to 2*

❒ Esophageal or esophagogastric junction cancer, *Continue to 2*

❒ Fallopian tube cancer, *Continue to 2*

❒ Gastric cancer, *Continue to 2*
❒ Neuroendocrine and adrenal tumors (including neuroendocrine tumors of the gastrointestinal tract, lung and thymus, neuroendocrine tumors of the pancreas, well differentiated grade 3 neuroendocrine tumors, and poorly differentiated/large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasms), *Continue to 2*

❒ Occult primary tumor (cancer of unknown primary), *Continue to 2*
❒ Ovarian cancer (including epithelial ovarian cancer, carcinosarcoma [malignant mixed Mullerian tumor], clear cell carcinoma of the ovary, mucinous carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous carcinoma/ovarian borderline epithelial tumor [low malignant potential], and malignant germ cell tumor residual disease), *Continue to 2*

❒ Pancreatic adenocarcinoma, *Continue to 2*
❒ Primary cutaneous lymphomas (including mycosis fungoides/Sezary syndrome and primary cutaneous CD30+ T-Cell lymphoproliferative disorders), *Continue to 2*

❒ Primary peritoneal cancer, *Continue to 2*

❒ Small bowel adenocarcinoma, *Continue to 2*
❒ T-cell lymphomas (including peripheral T-Cell lymphomas, adult T-Cell leukemia/lymphoma, hepatosplenic T-Cell lymphoma, extranodal NK/T-Cell lymphoma, and breast implant-associated anaplastic large cell lymphoma [ALCL]), *Continue to 2*

❒ Testicular cancer, *Continue to 2*

❒ Other, please specify. _____, *Continue to 2*

2. Is this a request for continuation of therapy with the requested medication?
❒ Yes, *Continue to 3*
❒ No, *Continue to 4*

3. Is there evidence of unacceptable toxicity or disease progression while on the current regimen?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

4. What is the diagnosis?

❒ Ampullary adenocarcinoma, *No further questions*

❒ Anal carcinoma, *Continue to 5*

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❒ Biliary tract cancer (including intrahepatic and extrahepatic cholangiocarcinoma and gallbladder cancer), *No further questions*
❒ Bladder cancer (including non-urothelial and urothelial cancer with variant histology), *No further questions*
❒ Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), *No further questions*
❒ Classic Hodgkin lymphoma, *No further questions*
❒ Colorectal cancer (including appendiceal adenocarcinoma, anal adenocarcinoma, and colon and rectal cancers), *No further questions*
❒ Esophageal or esophagogastric junction cancer, *No further questions*
❒ Fallopian tube cancer, *No further questions*
❒ Gastric cancer, *No further questions*
❒ Neuroendocrine and adrenal tumors (including neuroendocrine tumors of the gastrointestinal tract, lung and thymus, neuroendocrine tumors of the pancreas, well differentiated grade 3 neuroendocrine tumors, and poorly differentiated/large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasms), *No further questions*
❒ Occult primary tumor (cancer of unknown primary), *No further questions*
❒ Ovarian cancer (including epithelial ovarian cancer, carcinosarcoma [malignant mixed Mullerian tumor], clear cell carcinoma of the ovary, mucinous carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous carcinoma/ovarian borderline epithelial tumor [low malignant potential], and malignant germ cell tumor residual disease), *No further questions*
❒ Pancreatic adenocarcinoma, *No further questions*
❒ Primary cutaneous lymphomas (including mycosis fungoides/Sezary syndrome and primary cutaneous CD30+ T-Cell lymphoproliferative disorders), *No further questions*
❒ Primary peritoneal cancer, *No further questions*
❒ Small bowel adenocarcinoma, *No further questions*
❒ T-cell lymphomas (including peripheral T-Cell lymphomas, adult T-Cell leukemia/lymphoma, hepatosplenic T-Cell lymphoma, extranodal NK/T-Cell lymphoma, and breast implant-associated anaplastic large cell lymphoma [ALCL]), *No further questions*
❒ Testicular cancer, *No further questions*

5. Does the patient have metastatic disease?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by Priority Partners.

X_____
Prescriber or Authorized Signature **Date (mm/dd/yy)**

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